Project to Improve Independent Medical Examinations For the State of Washington Department of Labor and Industries

Final Report Volume 2

Appendices to Problem Statement

Downloadable Version, Part 1 of 3

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MedFx, LLC Mill Valley, CA December 2001

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Appendix 1

Stakeholder Interview Guide

State of Washington Department of Labor and Industries

Improving Independent Medical Examinations

Stakeholder Interview Guide

Ge

ener	al questions
•	What do you view as the purpose of IMEs? What is the value of high quality IMEs, in your view?
•	How would you define "quality" in an IME?
•	How useful are current IMEs to supporting your role/function? Are high quality IMEs one of the top three priorities in your job?
•	What problems do you see with the current quality of independent medical examinations? On a scale of 1 to 10, how serious are the problems with IMEs with 10 being the most serious?

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• V	What suggestions do you have for improved quality of IMEs in Washington?
• V	What do you see as the greatest barriers to improving the quality of IMEs?
• H	How collaborative is the current process and/or where are the friction points?
• H	nedical information in the claims adjudication process Iow would you expect that medical information be used in the claims djudication process?
• W	What are the issues/questions you want us to ask other jurisdictions?

Specific prompts if there is relatively little response

•	What	issues	exist	regard	ling:
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0	Respect 1	for the	patient i	n the	IME	process?
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- Mechanics of the process
 - appointments / scheduling?
 - timeliness of IMEs?
 - provider qualifications in general?
 - provider selection for a particular examination?
 - the use of panels?
- o Clarity of the questions posed for the IME?
- Quality of the examination itself? In your opinion, what percentage of IME examinations are of good quality and what percentage are poor?
- Responsiveness to the questions posed for the IME?
- Quality of the IME report? In your opinion, what percentage of IME reports are of good quality and what percentage are poor?
- o Accuracy of the IME report?
 - Impairment ratings
 - Assessment of causation and work relatedness
- o "Boilerplate" v. case-specific information or reports?
- o Multiple examiners exams

Appendix 2

Injured Worker Survey Instrument

May 8, 2002

«Clmt_1St_Name» «Clmt_Mid_Othr_Name» «Clmt_Last_Name»
«Clmt_Mail_Addr_Data_1»
«Clmt_Mail_City_Name», «Clmt_Mail_State_Code» «Clmt_Mail_Zip_Code»

Dear «salutation» «Clmt Last Name»:

Your name has been randomly selected for a state-wide survey of workers who received an Independent Medical Examination (IME) in connection with an injury on the job. The purpose of this letter is to let you know that within a **few days** you will receive a telephone call from MedFx regarding the IME. MedFx is conducting the survey on behalf of the Washington State Department of Labor & Industries. L&I is conducting the study regarding workers who had an IME to evaluate diagnosis, care or recovery. The survey is part of a larger study of medical examinations designed to improve medical care for injured workers in Washington. The survey should take about five to seven minutes of your time.

The questions will ask about the scheduling process for the exam, how you were treated during the exam itself, and your thoughts about the results of the exam. Some questions may be personal; you don't have to answer any questions you don't want to. Results from the study will be analyzed and reported to policymakers.

Your participation is voluntary, however, your input is critical so that policymakers are able to identify improvements to the current system. We want to assure you that your responses will be kept confidential, as provided by law. The information we obtain will be reported as percentages and will not be used to identify you in any way. Being interviewed will not affect any workers' compensation claim or medical care you receive. Your answers will not be revealed to insurance companies, your employer or other people or organizations.

We hope that you will take a few minutes to answer the questions.

If you have any questions about the survey or the research project, please call Anita Austin, Project Manager for L&I at 360-902-6825. You may also contact Ms. Austin by e-mail at: sund235@LNI.WA.GOV.

Sincerely,

Linda Murphy, Program Manager Health Services Analysis

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IME Examinee Survey

May I please speak with?
If not available, arrange call back: This is calling from MedFx regarding a survey for the Washington State Department of Labor & Industries. When would be a good time to reach him/her?
If person is available, continue: Hello, I'm calling from Med-Fx on behalf of the Washington State Department of Labor & Industries. L and I is conducting a study regarding workers who had an "independent medical examination" (or IME) to evaluate diagnosis, care or recovery. The survey is part of a larger study of medical examinations designed to improve medical care for injured workers in Washington. The survey should take about five minutes of your time. Is now a good time? If no, ask: When would be a convenient time to call you back?
You have been selected to participate because you received an independent medical examination (by someone other than the doctor treating your work-related health problem), on If you have had more than one IME (independent medical exam, we would like answers to the questions about the most recent one. We hope to learn from this study how to provide better care and independent examinations (IMEs) to injured workers in the future.
The questions will ask about the scheduling process for the exam, how you were treated during the exam itself, and your thoughts about the results of the exam. Some questions may be personal; you don't have to answer any questions you don't want to.
Your participation is voluntary. All of your answers will be kept confidential as provided by law. Being interviewed will not affect any workers' compensation claim or medical care you receive. Your answers will not be revealed to insurance companies, your employer or other people or organizations.
Do you recall receiving an independent medical exam related to your workers compensation claim on(date)
YesNoNot sure
[If definite "no" or "not sure", terminate interview]
[The following questions will be answered "yes," "no," or "not sure".]

First, please tell me about the arrangements for the examination:

[Scheduling process and satisfaction questions]:

1. Was the reason for this exam explained to you?

```
1 = Yes2 = No
```

3 = Don't remember

2. Who explained the reason for the exam to you?

```
1 = Claims manager/Department staff
```

2 = The treating physician for your work-related health problem

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3 = The physician performing the IME
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4 = Written information from the department

5 = Other

3. Did you understand the explanation?

```
1 = Yes
2 = No
3 = Don't remember
```

4. Was assigning an impairment (permanent disability) rating one of the reasons for ordering the exam?

```
1 = Yes
2 = No
3 = Don't remember
```

5. Was the distance to the examination site reasonable?

```
1= yes
2= no (if no, probe, record why)
3= not sure
```

6. Were the directions to the exam site easy to understand?

```
1= Yes
2= No
3= Not sure
```

- 7. Was the time between when the exam was scheduled and the time of the appointment reasonable?
 - 1 = Yes
 - 2 = No (if no, probe, record why)
 - 3 = Not sure
- 8. Did the scheduling process consider your needs?
 - 1 = Yes
 - 2 = No
 - 3 = Not sure

[Exam process questions]

Now tell me about the examination itself:

- 9. What did the doctor or the office staff do to verify your identity?
 - 1 = Asked me my name
 - 2 = Checked my drivers' license
 - 3 = Other
 - 4 = Did not verify my identity
- 10. Were you seen within 20 minutes of your appointment time?
 - 1 = Yes
 - 2 = No (if no, probe, record length of wait)
 - 3 = Don't recall
- 11. Did the staff other than the doctor treat you with dignity and respect?
 - 1 = Yes
 - 2 = No
 - 3 = Don't recall
- 12. Did the doctor treat you with dignity and respect?
 - 1 = Yes
 - 2 = No
 - 3 = Don't recall

- 13. Did you fill out a questionnaire for the examining doctor?
 - 1 =Yes, go to 14
 - 2 = No, skip to 15
 - 3 = Don't recall
- 14. [If you filled out a questionnaire] Did the examining doctor review the answers to the questionnaire with you?
 - 1 = Yes
 - 2 = No
 - 3 = Don't recall
- 15. Did the examining doctor explain the purpose of the examination?
 - 1 = Yes
 - 2 = No
 - 3 = Not sure
- 16. Did the examining doctor ask your permission to perform or begin the examination? (explore/explain if no response)
 - 1 = Yes
 - 2 = No
 - 3 = Not sure
- 17. Did he or she explain that he or she would not be advising you directly on treatment recommendations?
 - 1 = Yes
 - 2 = No
 - 3 = Not sure
- 18. Did the examining doctor explain that he or she was not assuming any responsibility as an attending physician?
 - 1 = Yes
 - 2 = No
 - 3 = Not sure

- 19. In your opinion, how much did the examining doctor know about your work-related health problem?
 1 = Very informed
 2 = Somewhat informed
 - 3 = Not sure 4 = Somewhat uninformed 5= Not at all informed
- 20. Do you believe that the doctor asked enough or the right questions to allow him or her to understand your work-related health problem?
 - 1 = Yes 2 = No 3 = Not sure
- 21. Did the total amount of time the examining doctor spent with you seem adequate?
 - 1 = Yes 2 = No 3= Not sure
- 22. Did you experience any unnecessary discomfort during the exam?
 - 1 = Yes 2 = No 3 = Don't recall
- 23. Were your questions answered?
 - 1 = Yes, skip to 25 2 = No, go to 24 3 = Not sure
- 24. [If no to 23] If you had any questions that were not answered, were you referred to your personal doctor, claim manager, or someone else who could give you an answer?
 - 1 = Yes 2 = No 3=Notsure

[Satisfaction and opinions]

Now please tell me your thoughts or feelings about your recent Independent Medical Examination:

- 25. Did the examining doctor seem more concerned about:
 - 1 = You
 - 2 = The insurance company
 - 3 = Both
 - 4 = Neither
- 26. Did you think the examining doctor was professional?
 - 1 = Yes
 - 2 = No (record why, what was the behavior)
 - 3 = Not sure
- 27. Do you think that the examination was complete?
 - 1 = Yes
 - 2 = No
 - 3 = Not sure
- 28. Compared to when you walked out of the exam room, is your satisfaction with the exam now:
 - 1 = Better
 - 2 = No change
 - 3 = Worse
 - 4 = Not sure
- 29. Have you seen the report of the IME?
 - 1 =Yes, go to 30
 - 2 = No, go to 32
- 30. Do you believe it was fair and accurate?
 - 1 =Yes, go to 31
 - 2 = No, skip to 32
 - 3 = don't recall
- 31. [If yes] Did you agree with the doctor's conclusions?
 - 1 = Yes
 - 2 = No

- 3 = don't recall
- 32. Did you experience any pleasant surprises about the examination or the way you were treated?

```
1 = Yes
2 = No
3 = Not sure
```

[Record the specific response]

- 33. Did you experience any problems during the examination?
 - 1 = Yes2 = No
 - 3 = Not sure

[Record comments]

- 34. Did the office/exam room meet your expectations of a professional medical office?
 - 1 = Yes
 - 2 = No (record why)
 - 3 = Not sure
- 35. How would you rate this exam compared to other examinations you have received as part of your regular medical care for your work-related health problem?
 - 1 =Worse than other exams
 - 2 = The same as other exams
 - 3 = Better than other exams
- 36. Did the IME examiner or panel provide you with an evaluation form?

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1 = Yes, go to 38
2 = No, go to 39
3 = Not sure
```

- 37. Did you fill out the evaluation form?
 - 1 = Yes
 - 2 = No
 - 3 = Not sure

- 38. If you were dissatisfied with any part of the exam or exam process, did you file a complaint with the Department?
 - 1 = Yes
 - 2 = No
 - 3 = Not sure
- 39. Do you have any suggestions to improve the IME process?

Record suggestion(s)

Thank you for your time and attention.